

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO	FILING DATE				
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/					51					
2		/				52					
3			/			53					
4				/		54					
5					/	55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20		/				70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	<u>19</u>						TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	<u>20</u>						TOTAL CLAIMS				